

Foster Family Home - Deficiency Report

Provider ID: 1-170057

Home Name: Mary Vares, NA

Review ID: 1-170057-7

91-846 Makaonaona Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 9/28/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification

The issue of an leaving clients in the CCFFH without an approved caregiver will be addressed under separate cover.

Please continue to address your Deficiency Report and submit by the due date

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client # 1 or 2 caregiver # 4. Was added as CG in 2020

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No evidence of Fire drills conducted since May 2021

Foster Family Home Records [11-800-54]

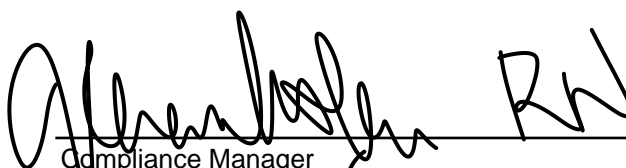
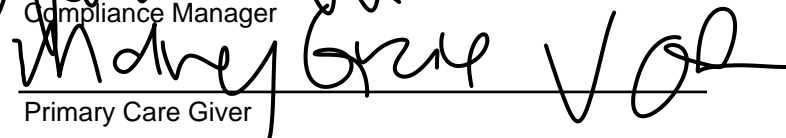
54.(c)(7) Expenditure records; and


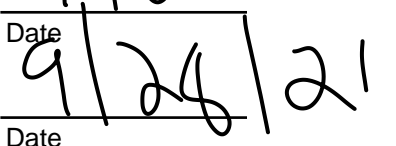
54.(c)(8) Personal inventory.

Comment:

54.(c)(8) Client # 1 and 2 Personal inventory sheet is blank and not signed

54.(c)(7) No proof of Expenditure records for client # 1 and 2


Compliance Manager

Primary Care Giver


Date

Date